

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	<b>REPORT OF CERTIFICATION</b> <i>(Fabrication of Single-Service Containers and/or Closures for Milk and/or Milk Products)</i>	FOR FDA USE ONLY				
		1	2	3	4	5

IDENTIFICATION

1. NAME OF SINGLE-SERVICE FABRICATING PLANT			2. CITY			3. STATE/COUNTRY									
Selig Sealing Products Inc.			Forest			IL USA									
4. STREET						5. MFG. CODE NO.			6. CODE						
342 E. Wabash St.									PRODUCT MATERIAL						
7. AGENCY OR SSC, AS APPLICABLE, PROVIDING ROUTINE INSPECTION						56	57	58	59	60	61	62			
ILLINOIS Dept. of Public Health										6		7			
7.a. RATING/CERTIFICATION PERSONNEL			7.b. DATE OF PLANT CERTIFICATION			7.d. EXPIRATION DATE *									
<input checked="" type="checkbox"/> SHD <input type="checkbox"/> Other <input type="checkbox"/> SDA <input type="checkbox"/> TPC <input type="checkbox"/> SDL <input type="checkbox"/> SSC			6-4-2021			MONTH		DAY		YEAR					
			95			67	68	69	70	71	72				
			7.c. SANITATION COMPLIANCE RATING									PRODUCT CODE (60)		MATERIAL CODE (62)	
			06032022									1. Containers 2. Closures 3. Other products 4. Containers and closures 5. Containers and other products 6. Closures and other products 7. Containers, closures and other products		1. Metal 2. Paper (Includes laminates) 3. Plastic 4. Metal and paper 5. Metal and plastic 6. Paper and plastic 7. Metal, paper and plastic 8. Glass 9. Rubber 10. Paper, metal, plastic and glass 11. Ceramic	

*EXPIRATION DATE Certification of single-service manufacturing plants may be valid for a period not to exceed one (1) or two (2) years from the earliest certification date. The expiration date is one (1) or two (2) years from the earliest certification date. <b>NOTE:</b> Certifications conducted by SSCs shall only be valid for a period not to exceed one (1) year from the earliest certification date.				8. SRO OR SSC Guy Sprouls				9. CERTIFICATION RECOMMENDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				9.a. LISTING TYPE <input type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIAL			
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LABORATORY CONTROL

10. NAME AND ADDRESS (OR CODE) OF APPROVED LABORATORY												
Suburban Labs Inc. Batavia, IL												

11. INSPECTION RESULTS (Place an "X" under Items debited)																										
1	2	3	4	5	6	7	8	9	10	11	12	13 a,b,c, f,g,i,k	13 d,e, h,j	14	15	16 a	16 b,c	17 a,b d,e	17 c	18	19	20 a,b,f	20 c,d,e	21	BACTI	COLI
												X														

12. PERMISSION TO PUBLISH Permission is hereby granted to release and publish the above stated certification for use by Regulatory/Rating Agencies and prospective purchasers.  It is understood and agreed by the undersigned that the official Rating Agency or SSC, as applicable, may review and appraise the single-service fabricating plant at any time during the period of time the above certification is in effect. It is further understood that failure to maintain the above certification will subject this plant to withdrawal from the IMS Listing. We will notify the Rating Agency or SSC, as applicable, of any significant changes made in the operation of this plant.												
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12.a. NAME OF PLANT Selig Sealing Products, Inc.													12.c. TITLE Environmental & Product Safety Manager			
12.b. OFFICER AUTHORIZING RELEASE <i>[Signature]</i>													12.c. TITLE State Rating Officer			
13. SUBMISSION OF REPORT BY MILK SANITATION RATING AGENCY OR SSC, AS APPLICABLE													13.c. SUBMITTED BY (Signature and Title)			
13.a. DATE OF REPORT June 4, 2022				13.b. RECOMMENDED CLASSIFICATION ACCEPTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				13.c. SUBMITTED BY (Signature and Title) <i>[Signature]</i>								
14. DATE RECEIVED													15. PUBLICATION OF RATING RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", indicate why.)			
16. DATE TRANSMITTED													17. SIGNATURE (FDA Regional Milk Specialist)			